

Lessons Learned from the UDS Process



An Overview for Primary Care Associations



Overview



- PCA's role in the Uniform Data System (UDS) process and data
- UDS information available to PCAs
- Lessons learned from the UDS in 2009
 - Common reporting errors
 - EHB submission process
- Changes that are coming in UDS 2010 and 2011
- How PCAs can use the UDS data to assist grantees
- How PCAs can assist grantees to improve the process of submitting UDS data



UDS: PCAs Assist in the UDS Process



- PCAs do not submit UDS reports but they do have multiple roles in the UDS throughout the year
 - Communicating with members about UDS issues
 - Providing technical assistance on completing forms
 - Assisting them to access UDS data
 - Using the UDS to tell the (National/State) Health Center story (HC)
 - Partnering with Bureau of Primary Health Care (BPHC) and John Snow Inc. (JSI) in the annual UDS training process
 - Last year over 2,600 health center staff participated
 - Over half had never participated in a UDS training
 - Serving as a resource to JSI and BPHC
 - Answering questions about their State



UDS Data are Available Publicly



- BPHC makes a wide array of data available to the public, to the PCAs, and to grantees on the BPHC website
 - National and State Summaries and comparisons
 - High level on BPHC web site
- <http://www.hrsa.gov/data-statistics/health-center-data/index.html>

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Health Center Data

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- [National Data](#)
- [State Data](#)
- [Reporting](#)

Uniform Data System reports, manuals, reporting changes, and training materials are housed under Health Center Data.

What is the UDS?



UDS Data are Available Publicly



- Summary state data are available to view online
<http://www.hrsa.gov/data-statistics/health-center-data/StateData/index.html>

Select:
Year
State



UDS Data are Available Publicly

Access Data Tools

- [Data Snapshot](#)
- [Demographic Trends](#)
- [Data Comparisons](#)

View State Summary:

State:

Compare results to:

State:

Demographic & Clinical Data	Totals
Patients	
Total Patients	564740
Number of patients who used:	
Medical Services	476859
Dental Services	122051
Mental health services	29571
Substance abuse services	2620
Other professional services	55023
Enabling Service	60116
Migrant/Seasonal Farmworker Patients	2248
Homeless Patients	31106
Target populations	
% Pediatric (<12 years old)	15.6%
% Geriatric (age 65 and over)	7.2%
% Women's health (age 15-44)	28.4%
Gender of Patients, by Age	
% patients under 15 who are female	49.3%
% patients 15-64 who are female	56.0%
% patients 65 and over who are female	59.8%
Other patient characteristics	
% Non-White	40.2%
% Best served in another language	37.0%
% <= 200% Poverty	89.6%
% Uninsured	19.9%
% with Medicaid coverage	42.2%
Visits	
Total Visits	2885188
Medical	1986796
Dental	362241
Mental Health	216787
Substance Abuse	31194
Other Professional	111811
Enabling	176359

2009 Reporting Criteria

View full State Summary Report:
[2009 Massachusetts Summary Report](#) (PDF 162.0 KB)

View information by criteria reported:
(Table 2 through 9)

List of Grantees

Perinatal Care

Total Patients	9882
% Prenatal teen patients	12.6%
% Newborns Below Normal Birthweight	7.2%
% Late Entry Into Prenatal Care	21.8%

Includes data on:

- Patients
 - Total for year
 - Total by service
 - Target groups
 - Age and gender
 - Race, Income
- Visits
 - Number by type
- Perinatal care
 - Total patients
 - Quality of care



UDS Data are Available Publicly



- Detailed state and national rollups also available:
<http://www.hrsa.gov/data-statistics/health-center-data/StateData/index.html>

HRSA Home > Data & Statistics > Health Center Data > State Data > 2009

State Data: California

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View By:

- [National Data](#)
- [State Data](#)
- [Reporting](#)

Select a Reporting Year:

Total number of reporting grantees:	118	Need help? Health Center Tool Tip
Reporting period:	2009	Report Source: Uniform Data System Report

2009 California Total Summary Data


Demographic & Clinical Data	Totals	2009 Reporting Criteria
Patients		View full State Summary Report: 2009 California Summary Report (PDF 186.7 KB)
Total Patients	2786350	



UDS Data are Available Publicly



- Select a single table or the entire UDS
- Shows totals for all items on the table



Patients by Socioeconomic Characteristics				
State Summary for Washington for 2009				
25 Grantees				
Income as Percent of Poverty Level		Number of Patients (a)	% of Total	% of Known
1.	100% and Below	433,088	60.0%	68.4%
2.	101 - 150%	111,389	15.4%	17.6%
3.	151 - 200%	45,382	6.3%	7.2%
4.	Over 200%	43,479	6.0%	6.9%
5.	Unknown	87,907	12.2%	
6.	Total (sum lines 1-5)		721,245	100.0%
Principal Third Party Medical Insurance Source		Ages 0 - 19 (a)	Ages 20+ (b)	TOTAL
7.	None/Uninsured	38,935	204,811	243,746
8a.	Regular Medicaid (Title XIX)	200,641	109,670	310,311
8b.	CHIP Medicaid	745	136	881
8.	Total Medicaid (Sum lines 8a+8b)	201,386	109,806	311,192



UDS Data Available to Grantees



- Grantees will find more detailed data in the Electronic Handbook in the Reports Section
 - Their own UDS report
 - The National and State roll-up report
 - Health Center Trend Report
 - Showing Access, Quality of Care, and Financial variables for the past three years
 - Showing data for Grantee, State, and Nation



UDS Data Available to Grantees



- Performance Comparison Report compares
 - Quality of Care and Cost variables
 - The State and National averages
 - Averages for other clinics of a similar
 - Urban or rural location
 - Size – now based on total patients, not medical patients
 - Number of sites (new – five categories)
 - Above 25% farmworker (43 / 1088)
 - Above 25% homeless (85 / 1046)
 - With national 25th, 50th, and 75th percentiles



Data Lessons Learned



- 2009 Patients
 - 18,735,858 patients increased 1.6 million from 2008
 - 16,166,436 medical patients increased 1.3 million from 2008
 - 3,434,340 were dental patients
 - 758,131 received mental health services
 - 114,546 substance abuse



Data Lessons Learned



- 2009 Patient Demographics
 - 63% racial and or ethnic minority (35% Latino)
 - 33% are below age 18, only 7% age 65 or over
 - 59% are women
 - 4.6% are migrant and seasonal farmworkers
 - 5.4% are homeless
- Patient Economics
 - 38% uninsured, 14.6% have private insurance
 - 71% (of known) were below poverty; 92% were below 200% FPL



Data Lessons Learned



- Services and service providers
 - 123,012 health center workers provided 73,829,866 visits
 - 14,882 clinicians provided 51,110,423 medical visits
 - 3,585 dental providers delivered 8,401,705 dental visits
- Continuity of care
 - Medical patients were seen 3.2 times per year
 - Dental patients were seen 2.4 times per year
- Specific services
 - 2,331,212 children had well child visits
 - 1,840,570 women had Pap tests, 320,456 mammograms
 - 2,581,667 patients had oral exams



Data Lessons Learned



- Quality of care
 - 480,441 women received perinatal care
 - 67.3% were seen in their first trimester
 - 92.4% delivered a normal birth weight child
 - 68.8% of 2 year olds were fully immunized
 - 58.2% of women had documented Pap tests
 - 2,061,768 were treated for hypertension
 - 63.1% of hypertensive patients had blood pressure less than 140/90
 - 1,122,802 were treated for diabetes
 - 70.7% had $HbA1c \leq 9$



Data Lessons Learned



- Clinical outcome disparities
 - BP \leq 140/90
 - Higher for Asians and whites (65%), lower (50%) for Hawaiians and Pacific Islanders
 - No large difference between Hispanics (66%) and non-Hispanics (62%)
 - HbA1c \leq 9
 - Higher for in Asians (76%) and whites (72%), lower for Hawaiians (53%) and Pacific Islanders (49%)
 - No large difference between Hispanics (68%) and non-Hispanics (72%)
- Disparities data only available at the National level because of sample sizes



Data Lessons Learned



- Financial findings
 - Health centers total revenues were \$11.2 billion
 - Majority (59%) of income comes from 3rd party payors
 - Most (78%) of these payments were from public sources
 - 18.3% of income came from Section 330 + ARRA IDS
 - Just over a quarter (26%) of all charges ended up as “self pay” charges
 - Two thirds of these charges (65% or \$2,158,110,764) were written off as sliding discounts



Process Lessons Learned



- UDS submission deadline
 - General understanding of submission start date 1/1/09
 - Confusion with initial submission date
 - February 15 with Final submission due on March 31
 - Only two or three missed this deadline
- Initial e-mail communication is now earlier
 - Reviewers do not necessarily wait until all desk audits are completed – roll out in stages
 - Rapid turnaround of edits necessary
 - Entire process changed from 14 weeks to 6 weeks



EHB Lessons Learned



- With ARRA and other growth opportunities, most grantees will trigger “substantial change” edits
 - Total income, cost of any specific item
 - Patients, staff, visits, etc.
 - Charges/patient when a service is added
- An edit on expected Medicare patients over age 65 underestimated the impact of the disability population
- Grantees did not act on system edit messages they did not understand
 - Many of these have been revised for 2011 submissions
- Grantees which are significantly different than the average will continue to be flagged



EHB Lessons Learned



- Technical issues
 - Some browsers other than Internet Explorer had problems
 - System closes for maintenance at 6:00 PM Eastern at least once a month (notice is given in advance)
 - After 30 minutes of inactivity unsaved data is lost
 - Passwords must be kept current even when no UDS activity is occurs
- EHB UDS access is for the entire UDS
 - Access cannot be “edit/enter” for one table and “read-only” for another
 - Cannot allow read only for some tables and not others



Definitions Lessons Learned



- Patient: Some confusion over who is to be counted
 - ARRA definitions are cumulative – not UDS
 - UDS reports most recent medical insurance (only)
 - HCQR reports those uninsured at anytime
 - Flu shots and screening services are not counted as medical visits – those who only receive these services are not considered clinic patients
 - “Farmworker” definition has been clarified by quoting the 330 statute directly, but patients counted will not change dramatically
 - Ranchers, forest fire fighters, and frog farmers are still generally not included



Clinical Lessons Learned



- Use of Electronic Health Records to complete tables 6B and 7
 - In general, an EHR needs to be fully operational for at least three years – for this year, since 1/1/08
 - Some data were missing in EHRs, either for some patients or some services or some sites
 - EHRs subject to different kinds of errors
- Sampling errors were common
 - Universe includes everyone that fits criteria
 - Obvious errors that should have been spotted
 - Populations on tables 6B vs. reports on tables 3A and 3B



Financial Lessons Learned



- Ongoing difficulty in reclassifying charges
 - Especially Medicare to Medicaid, co-pays to self pay
- Accurate recognition of prior year income
 - Income is often not in Practice Management System (PMS) reports
 - Multi-year retroactive payments sometimes appear to grantees to be too large
 - Confusion over settlements based on appeals
- Donated (in-kind) facilities, services, or supplies
 - Frequently incorrectly reported as cash
- Classification of managed care income
 - Especially for capitated systems with “carve-outs”



Using UDS to Help Members



- UDS data now provide statistical data on the largest set of low income health care consumers in the nation
- State and national data should be of value to Section 330s and non-330s alike
 - Data covers only the 330s, but non-330s – especially look-alikes – should be similar
 - PCA can often inform non-330s on what the differences might be



Using UDS to Help Members



- PCAs can use data to help plan New Access Point applications and Service Expansion programs
 - UDS Mapper and service area issues
 - Description of average ratios for the Nation, State
 - Patients per (medical, dental, MH, etc.) provider
 - Cost per provider
 - Visits per (medical, dental, MH, etc.) patient
 - Costs per visit
 - Gross income per visit
 - Net income per visit
 - By payors



2010 UDS Changes



- Data submitted in 2011 for 2010 includes new data requests for diagnoses and services
 - Vision staff, visits, and patients on table 5
 - Vision services on table 6A
 - Hepatitis B and Hepatitis C as both a test given and a disease diagnosed on table 6A
 - Symptomatic and asymptomatic HIV combined on 6A



2011 UDS Changes



- Data to collect in 2011 and report in 2012
 - Not yet OMB approved
 - Changes
 - Immunizations: add Hepatitis A (Hep-A), influenza and Rotavirus (RV) and reduce number of Hib shots
 - Diabetes: Report different categories
 - New Measures
 - Tobacco use and counseling
 - Adult overweight or underweight
 - child and adolescent weight assessment and nutritional/exercise counseling
 - Asthma treatment
 - Based on CMS (Center for Medicare and Medicaid Service) “meaningful use” Core Quality Measures



PCA's Role



- Support members with clinical sampling and reviews
 - Identify any differences between state standards and the UDS national standards
- Informing trainers of your financial world
 - Where is CHIP-RA handled (Medicaid/Private)?
 - Has CHIP-RA PPS started yet?
 - Is there managed care? Is it FFS or capitated?
- UDS Mapper – is there a resource at PCA?
- Introduce your resource people at training sessions
- Timely initial submissions on February 15



Technical Assistance



- For all UDS content questions, contact the UDS Help Desk at:
 - Phone: 1-866-UDS-HELP (866-837-4357)
 - E-mail: udshelp330@bphcddata.net
- *BPHC Help Desk*
 - For all UDS electronic reporting questions, contact the BPHC Help Desk at:
 - Phone: 1-877-974-BPHC
 - E-mail: bphchelpline@hrsa.gov
- *HRSA Call Center*
 - For all technical/system issues, contact the HRSA Call Center at:
 - Phone: 301-998-7373
 - E-mail: CallCenter@hrsa.gov